

## Adenomatous colonic polyps

A colonic polyp is a growth out of the normally flat colonic mucosa that protrudes into the lumen. About 2/3 of all polyps are adenomas, which are neoplastic. Nearly all colorectal cancers arise from adenomas, but only 5% or less of adenomas progress to cancer.

### Epidemiology/risk factors:

Adenomas are found in about 25 percent of men and 15 percent of women, and the prevalence increases with age.

age 20s-30s: 1-4% prevalence; age 50s 25-30%; age 70s 50%

Other risk factors include abdominal obesity and lack of physical activity

### Symptoms:

Adenomas are usually asymptomatic and detected by colon cancer screening tests. Advanced adenomas are more likely to bleed. Any rectal polyp may cause tenesmus, and any large polyp may cause obstruction.

### Diagnosis:

CRC screening recommendations in general population:

1. Annual FOBT with sensitive test
2. Colonoscopy every 10 years
3. Flex sig every 5 years WITH FOBT every 2-3 years.

Morphology (sessile, pedunculated, flat, depressed)

Pathology (high or low grade dysplasia)

Tubular adenomas

Villous adenomas

Tubulovillous adenomas

Villous histology, increasing polyp size (>1cm), high-grade dysplasia, and a higher number of polyps are risk factors for cancer

### Treatment and follow up:

The eradication of adenomas is important in lowering cancer occurrence and mortality.

For only 1-2 small tubular adenomas, patients may have a repeat colonoscopy in 5 years.

Patients with advanced or multiple adenomas should have colonoscopy in 3 years.

For large polyps >2cm, or incompletely removed polyps, repeat colonoscopy in several months to ensure complete removal.

### Links

[www.gastro.org/practice/medical-position-statements](http://www.gastro.org/practice/medical-position-statements).